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MAIL STOP AMENDMENT**FROM:**  
Kenneth F. Smolik**COMPANY:**  
USPTO**DATE:**  
October 3, 2005**FAX NO.:**  
(703) 872-9308**TOTAL NO. OF PAGES:** (including cover sheet)  
**15****YOUR REFERENCE NO.:**  
09/737,098**OUR REFERENCE (C/M) NO.:**  
005056.87281**RE:** In re: Appln. Of Kanu Patel  
Appln. No. 09/737,098  
Filed: December 14, 2000  
For: Automated Information Access Via The Telephone Line**OFFICIAL FAX***If you do not receive all page(s) or have any problems receiving this transmission, please call:***NAME:**  
Jeanine Richardson**PHONE:**  
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OIPE/IAP**OCT 05 2005****BEST AVAILABLE COPY**

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/737,098	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b>  <b>OCT 03 2005</b>
	Filing Date	December 14, 2000	
	First Named Inventor	Kanu Patel	
	Art Unit	2645	
	Examiner Name	Gerald Gauthier	
Total Number of Pages in This Submission	14	Attorney Docket Number	005056.87281

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet
<b>Remarks:</b> The Commissioner is authorized to debit or credit any deficiency or overpayment to Deposit Account No. 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature	<i>Kenneth F. Smolik</i>		
Printed Name	Kenneth F. Smolik		
Date	October 3, 2005	Reg. No.	44,344

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature	<i>James W. Ware</i>		
Typed or printed name	James W. Ware	Date	October 3, 2005

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PTO/SB/17 (12-04/2)

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Effective on 12/03/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-10).**FEE TRANSMITTAL  
for FY 2005**

Complete If Known

Application Number	09/737,098
Filing Date	December 14, 2000
First Named Inventor	Kanu Patel
Examiner Name	Gerald Gauthier
Art Unit	2645
Attorney Docket No.	005056.87281

☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
60**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>		
<b>Extra Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		
<b>Indep. Claims</b>		
<b>Extra Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
—	—	—	—	—

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time (one month) Fee

Fees Paid (\$)

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**SUBMITTED BY**

Signature	<i>Kenneth F. Smolik</i>	Registration No. (Attorney/Agent)	44,344	Telephone	
Name (Print/Type)	Kenneth F. Smolik	Date	October 3, 2005		

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